

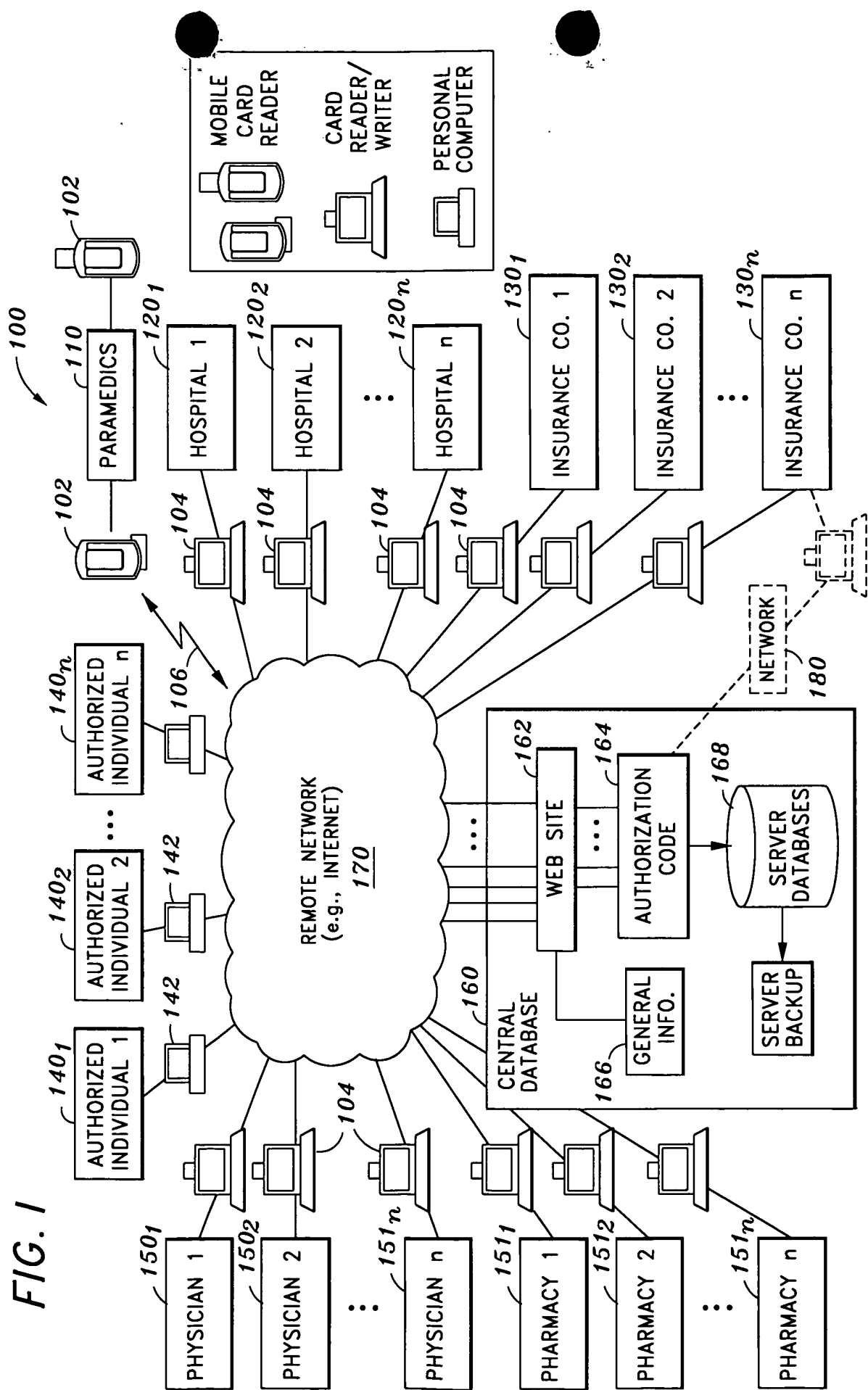
[illegible]

FIG. 2A

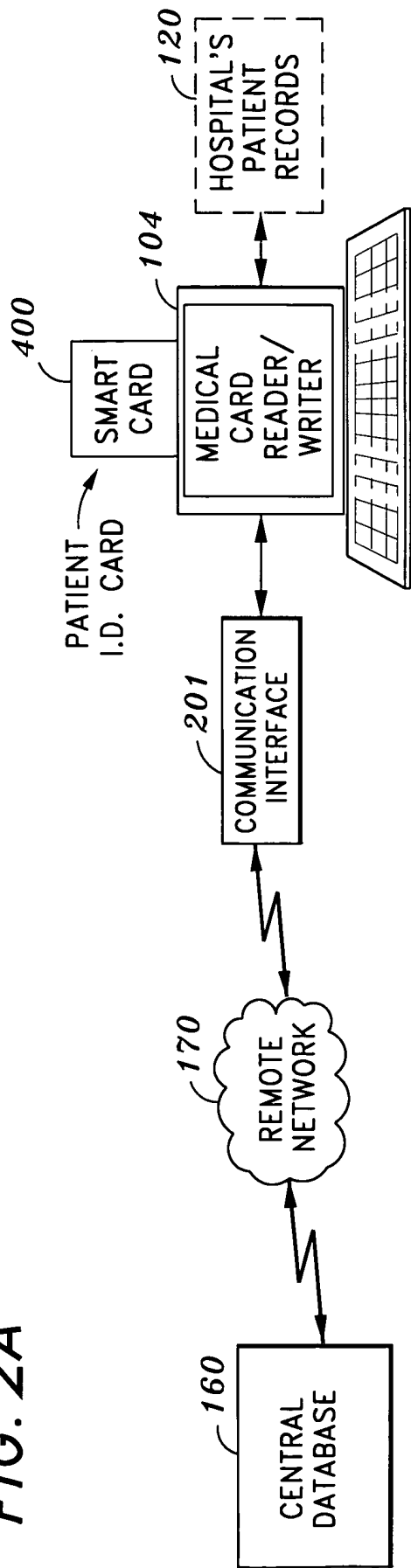
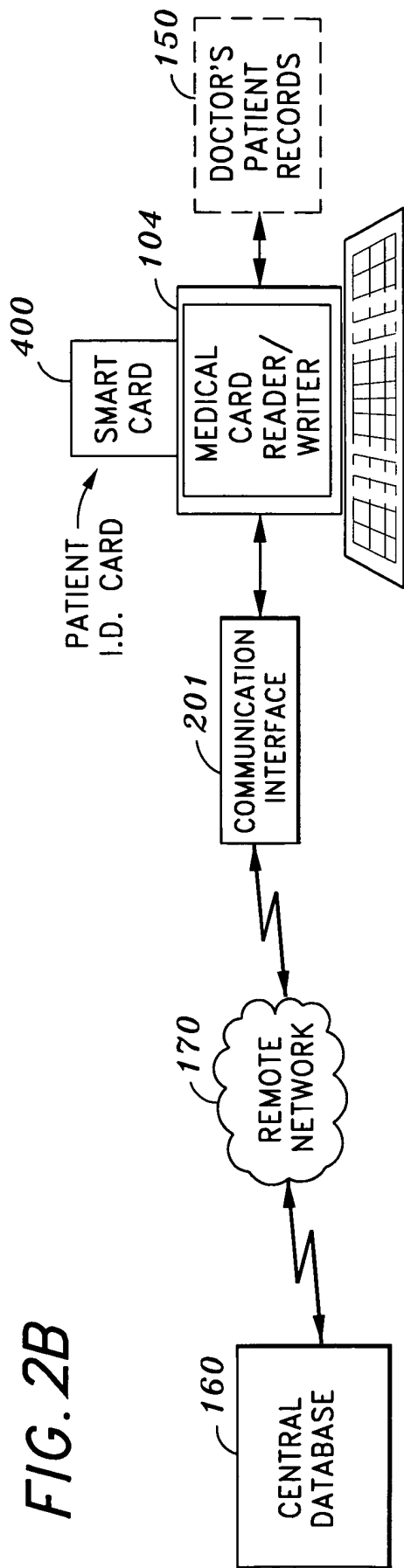


FIG. 2B



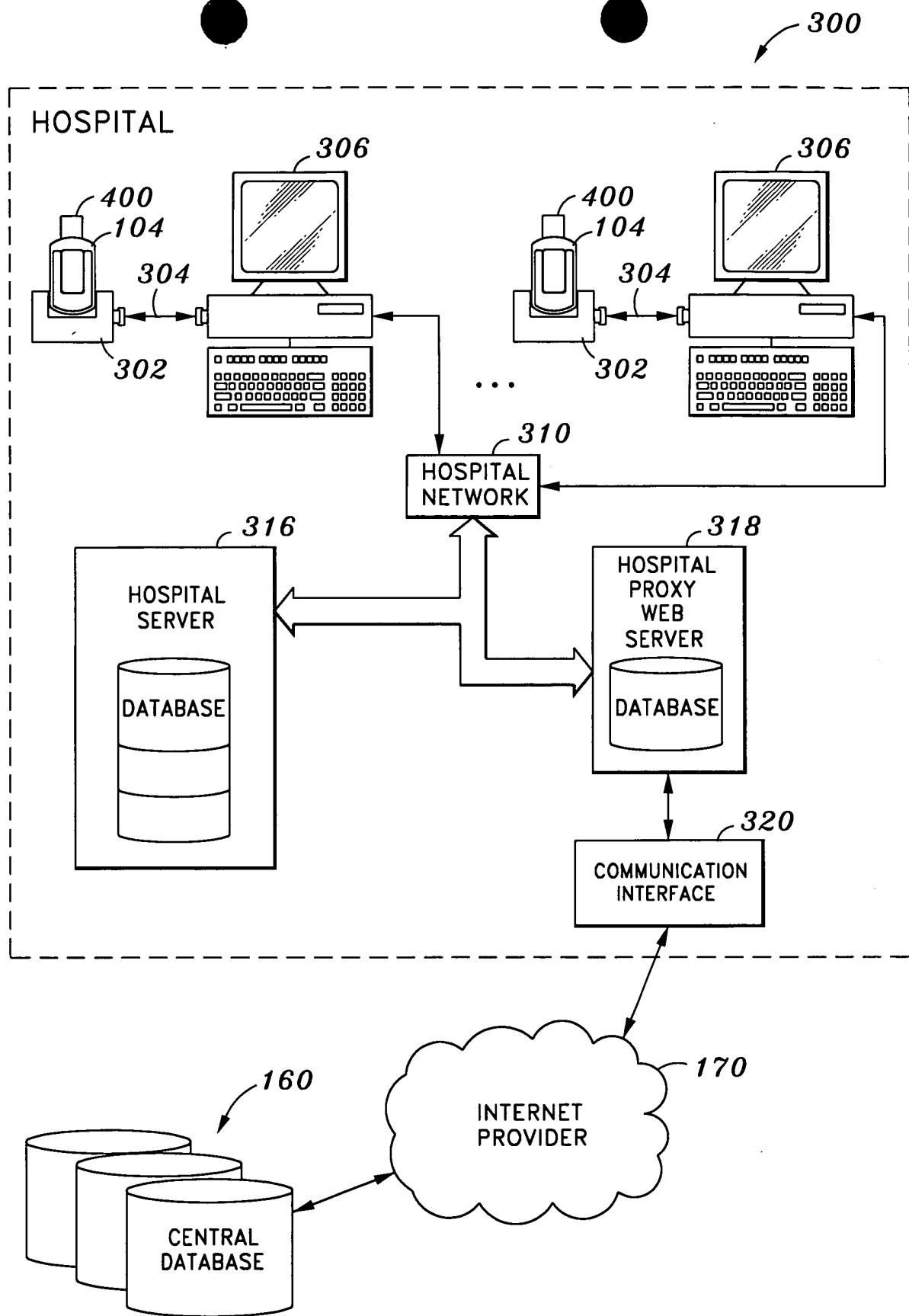


FIG. 3

# SENDING UPDATED RECORDS (FILES) TO CENTRAL DATABASE

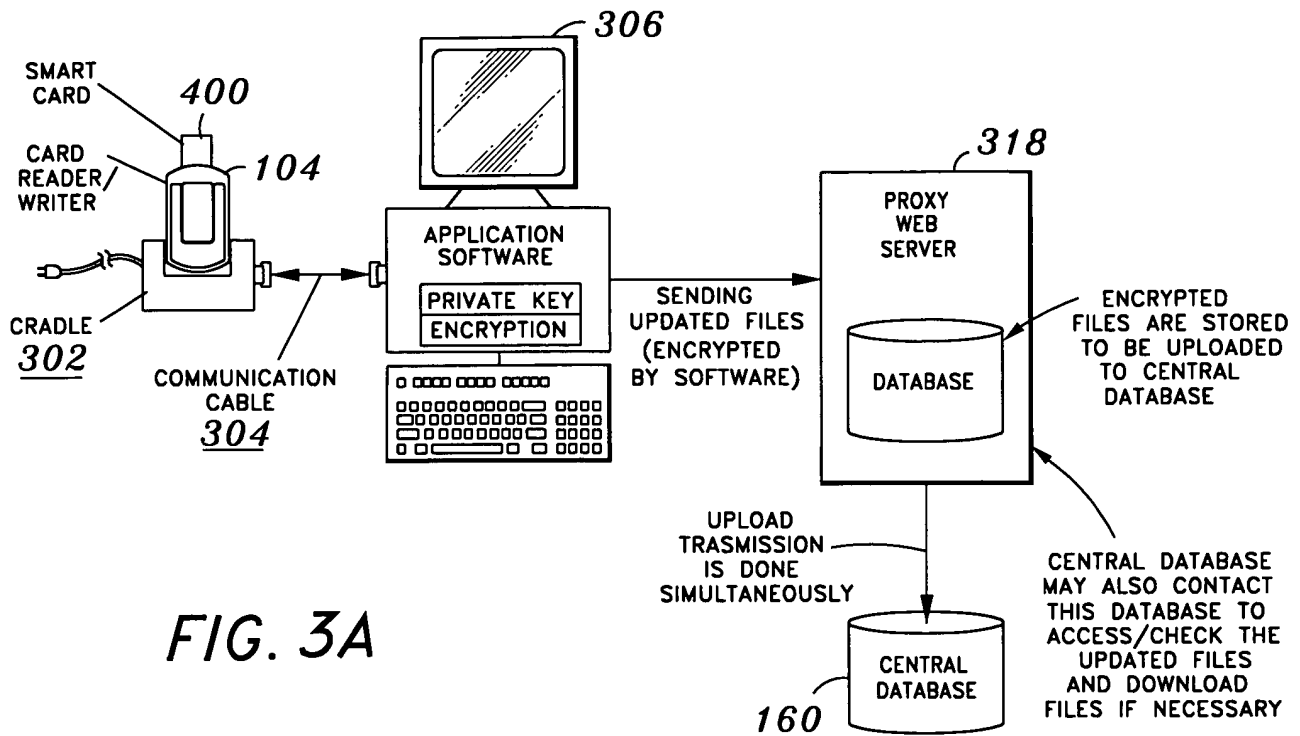


FIG. 3A

# RECEIVING UPDATED RECORDS (FILES) FROM CENTRAL DATABASE AS NEEDED TO UPDATE PATIENT INFORMATION RECORDS

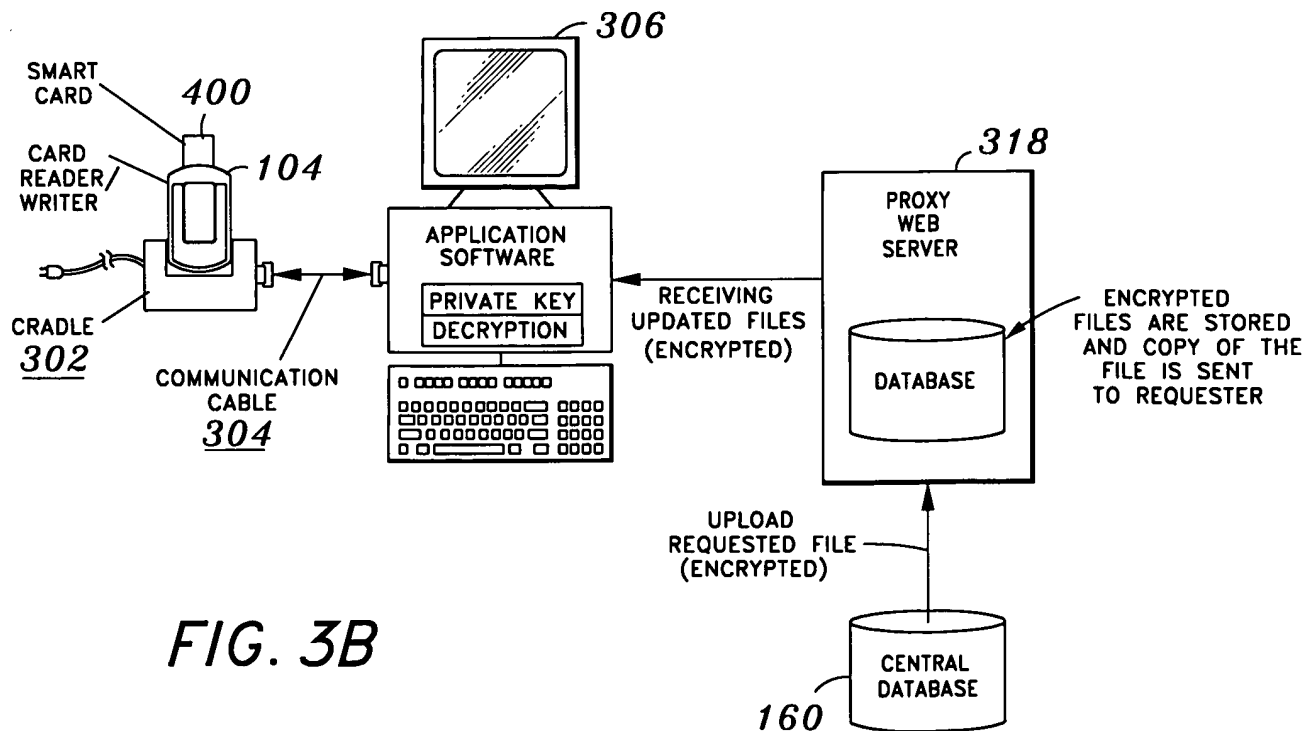


FIG. 3B

FIG. 4

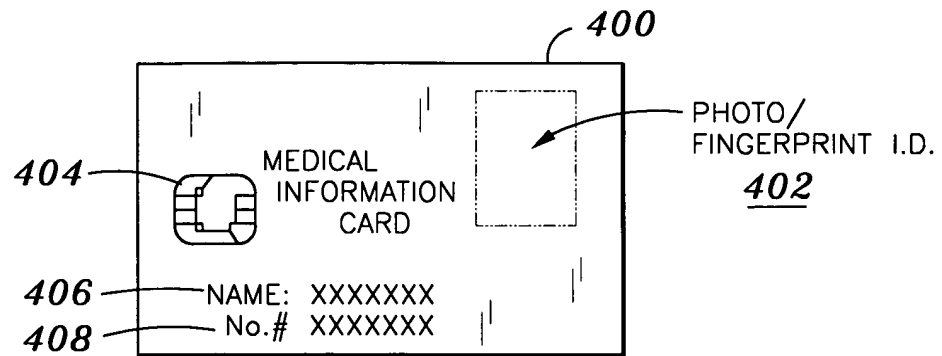


FIG. 5

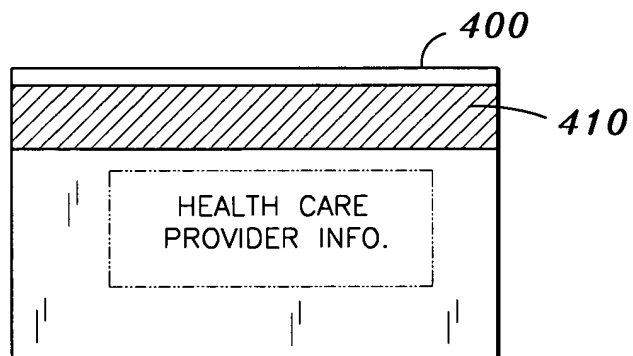


FIG. 6

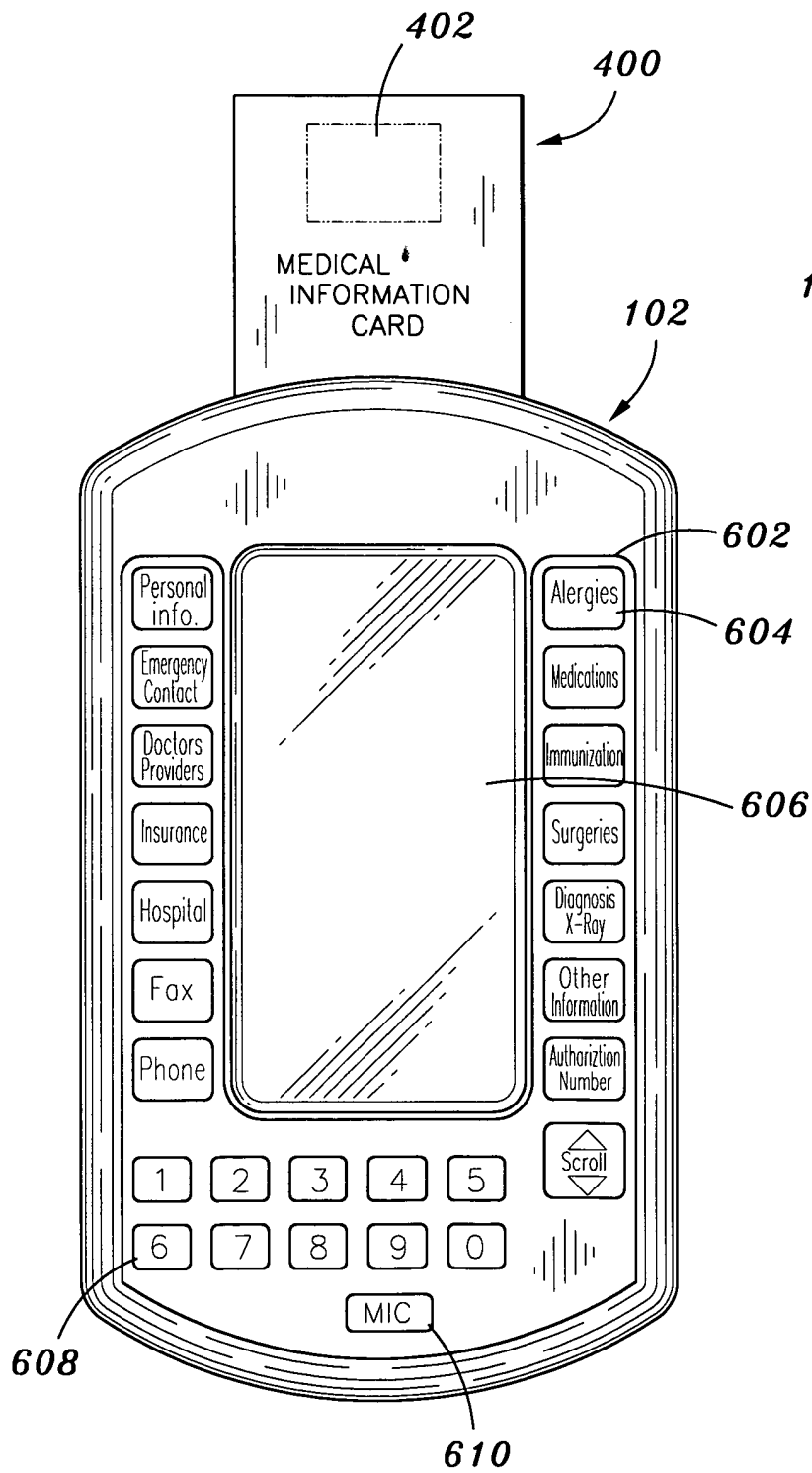


FIG. 7

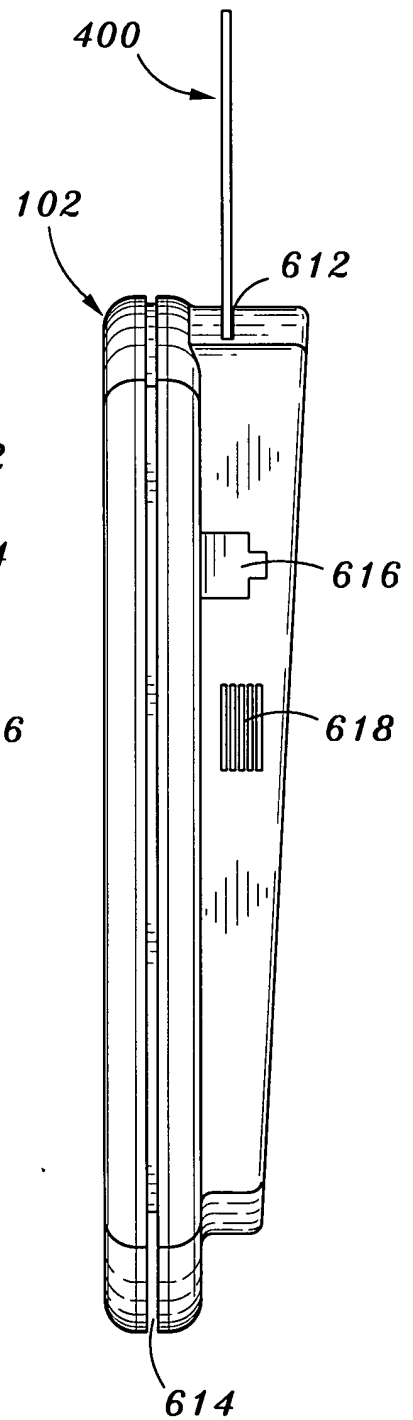
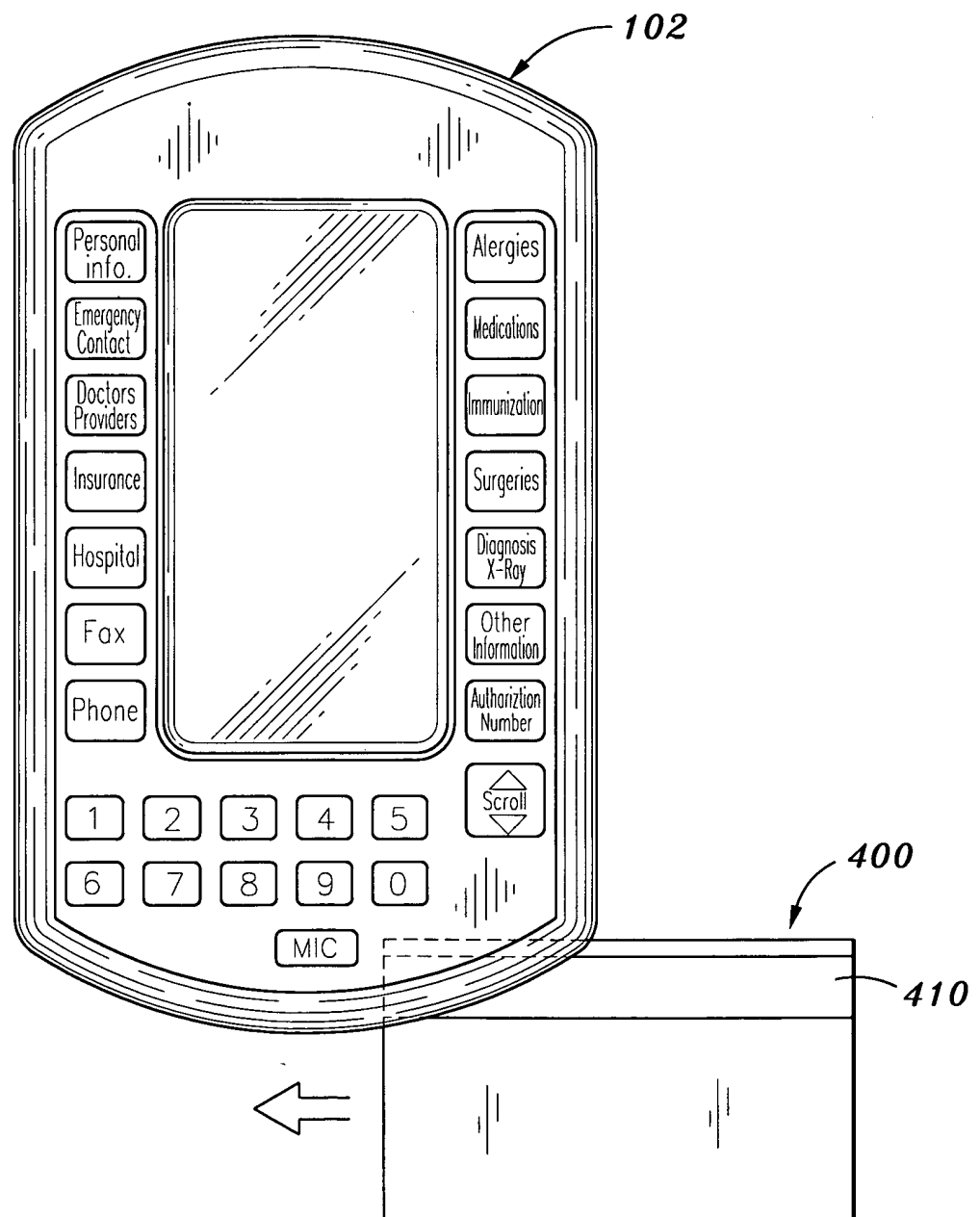


FIG. 8



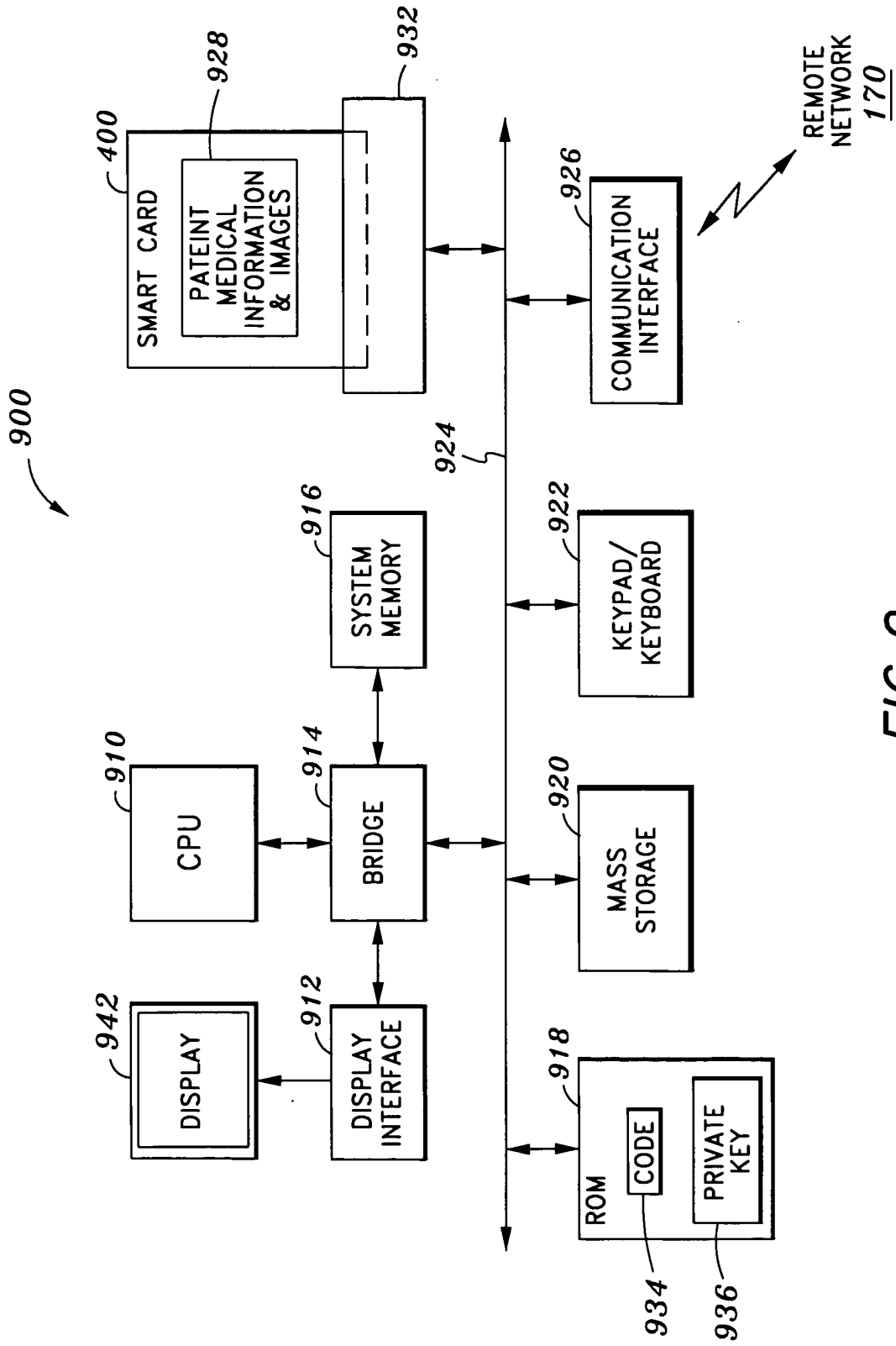


FIG. 9



Immunizations	Insurance Information	Updates
Diagnoses	Surgical Procedures	Current Medications
Health Care Provider		
Personal Information	Emergency Contact	Medical - Hospital Information
Allergies		

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Middle Initial:	<input type="text"/>
Social Security Number:	<input type="text"/>	Date of Birth:	<input type="text"/>	Male	<input type="radio"/>
				Female	<input type="radio"/>
Street Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Home Phone:	<input type="text"/>	Work Phone:	<input type="text"/>		

FIG. 10

Personal Information	Emergency Contact	Medical - Hospital Information	Allergies
Immunizations	Insurance Information	Updates	
Diagnoses	Surgical Procedures	Current Medications	Health Care Provider

Current Medications:	<input type="text"/>
Comments:	<input type="text"/>
	<input type="checkbox"/> Other Medications

Add Entry	Edit Entry	Delete Entry
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FIG. 11

Diagnoses	Surgical Procedures	Current Medications	Health Care Provider
Personal Information	Emergency Contact	Medical - Hospital Information	Allergies
Immunizations	Insurance Information	Updates	

**Primary Insurance**

Company Name:  Policy Number:

Group Number:  Phone:  Pre-Cert Phone:

Address:

City:  State:  Zip Code:

**Guarantor**

Policy Holder:  SSN:

Phone:  Employer:

**Secondary Insurance**

Company Name:  Phone:

Policy Number:  Group Number:

**FIG. 12**

Immunizations	Insurance Information	Updates
Diagnoses	Surgical Procedures	Current Medications
Personal Information	Emergency Contact	Medical - Hospital Information
		Allergies

**Hospital Preference:**

**Last Hospital Admitted:**

**Admission Date:**

**Organ Donor** ☐ **Blood Type:**

**Living Will** ☐ **Comments:**

**Verified** ☐

**FIG. 13**

Personal Information	Emergency Contact	Medical - Hospital Information	Allergies
Immunizations	Insurance Information	Updates	
Diagnoses	Surgical Procedures	Current Medications	Health Care Provider

Listed by: Name, Specialty, and Phone

**FIG. 14**

Immunizations	Insurance Information	Updates
Diagnoses	Surgical Procedures	Current Medications
Health Care Provider	Personal Information	Emergency Contact
Medical - Hospital Information	Allergies	

Allergies:

Comments:

**FIG. 15**

Diagnoses	Surgical Procedures	Current Medications	Health Care Provider
Personal Information	Emergency Contact	Medical - Hospital Information	Allergies
Immunizations	Insurance Information	Updates	

Vaccine:	Date:	Vaccine:	Date:	Vaccine:	Date:
<input type="checkbox"/> Hepatitis A	//	<input type="checkbox"/> DTaP	//	<input type="checkbox"/> MMR	//
<input type="checkbox"/> Hepatitis A	//	<input type="checkbox"/> Td	//	<input type="checkbox"/> MMR	//
<input type="checkbox"/> Hepatitis B	//	<input type="checkbox"/> Hib	//	<input type="checkbox"/> Measles	//
<input type="checkbox"/> Hepatitis B	//	<input type="checkbox"/> Hib	//	<input type="checkbox"/> Varicella	//
<input type="checkbox"/> Hepatitis B	//	<input type="checkbox"/> Hib	//	<input type="checkbox"/> Influenza	//
<input type="checkbox"/> DTaP	//	<input type="checkbox"/> Polio	//	<input type="checkbox"/> Pneumovax	//
<input type="checkbox"/> DTaP	//	<input type="checkbox"/> Polio	//		
<input type="checkbox"/> DTaP	//	<input type="checkbox"/> Polio	//		
<input type="checkbox"/> DTaP	//	<input type="checkbox"/> Polio	//		

<input type="checkbox"/> TB Skin Test	//
<input type="radio"/> Positive	<input checked="" type="radio"/> Negative

FIG. 16

Personal Information	Emergency Contact	Medical - Hospital Information	Allergies
Immunizations	Insurance Information	Updates	
Diagnoses	Surgical Procedures	Current Medications	Health Care Provider

Diagnoses:

Comments:

☐ Other Diagnoses

Add Entry

Edit Entry

Delete Entry

FIG. 17

Immunizations	Insurance Information	Updates
Diagnoses	Surgical Procedures	Current Medications
Health Care Provider	Personal Information	Emergency Contact
Medical - Hospital Information	Allergies	

Last Name:	<input type="text"/>	Middle Initial:	<input type="text"/>
First Name:	<input type="text"/>	Relationship:	<input type="text"/>

Home Phone:	<input type="text"/>	Work Phone:	<input type="text"/>
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Comments:

**FIG. 18**

Diagnoses	Surgical Procedures	Current Medications	Health Care Provider
Personal Information	Emergency Contact	Medical - Hospital Information	Allergies
Immunizations	Insurance Information	Updates	

<input type="radio"/> Included	Date Issued	<input type="text"/>
<input checked="" type="radio"/> Extra	Date Updated	<input type="text"/>

**FIG. 19**

Personal Information	Emergency Contact	Medical - Hospital Information	Allergies
Immunizations	Insurance Information	Updates	
Diagnoses	Surgical Procedures	Current Medications	Health Care Provider

Surgical Procedures:

Comments:

☐ Other Procedures

ADD ENTRY

DELETE ENTRY

EDIT ENTRY

**FIG. 20**